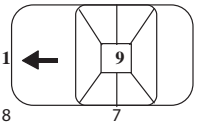
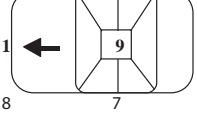


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/08/2019	Time of Crash 08:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 326 FULLER ST (REAR) Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ BRAE BURN MAINTENANCE AREA Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000471	
License # _____ St <u>WV</u> DOB/Age _____			Reg # C385816			Reg Type <u>TL</u> Reg State <u>WV</u>				
Sex <u>M</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL <u>T</u>			Veh Year <u>1989</u> Veh Make <u>VONA</u> Veh Config. <u>13</u> <u>20</u>							
Operator <u>MILLER</u> <u>DONNY</u> <u>CLINTON</u>			Owner (Same as operator)							
Address <u>13 CEDAR LN</u>			Address _____							
City <u>BARBOURSVILLE</u> State <u>WV</u> Zip <u>25504</u>			City _____ State _____ Zip _____							
Insurance Company <u>ACORD INS SYSTEMS</u>			Vehicle Action Prior to Crash <u>10</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>30</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event <u>30</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____			26 Seat Pos. _____ 27 Safety System _____ 28 Airbag Status _____ 29 Airbag Switch _____ 30 Eject Code _____ 31 Trap Code _____ 32 Injury Status _____ 33 Transp. Code _____			Medical Facility _____	
Operator _____			See Above							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # BA538679			Reg Type <u>TR</u> Reg State <u>WV</u>				
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year <u>1995</u> Veh Make <u>FORD</u> Veh Config. <u>10</u> <u>20</u>							
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <u>10</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>30</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event <u>30</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____			26 Seat Pos. _____ 27 Safety System _____ 28 Airbag Status _____ 29 Airbag Switch _____ 30 Eject Code _____ 31 Trap Code _____ 32 Injury Status _____ 33 Transp. Code _____			Medical Facility _____	
Operator/Non-Motorist _____			See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

REAR of 326 Fuller St Maintenance Building

ONE

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

I responded to Brae Burn Country Club for a report of a past MVA involving a tractor trailer. I spoke to Tim Strano a manager for Brae Burn who stated that on Monday evening a truck and trailer struck the properties fence. The fence is described as a automatic gated security fence which opens and closes upon entry and departure. Strano provided me with the vehicles information which I proceeded to contact the owner and operator of the vehicle. I spoke to the owner/operator of Vehicle One who stated he received the wrong destination address and attempted to turn around in the rear of Woodland Train Station when he stuck the fence (Brae Burn CC Maintenance Area). He gave his contact information to one of the Brae Burn workers on scene and left the area. Both parties were given the crash information and were advised.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, BRAE BURN CC,	326 FULLER ST NEWTON, MASSACHUSETTS 0		97	

Truck and Bus Information:

Registration # C385816 (From Vehicle Section)

Carrier Name DONNY MILLER Carrier Issuing Authority Code 35

Address 13 CEDAR LN City BARBOURSVILLE St Zip 25504

US DOT #: 3242822 State Number WV Issuing State WEST VI ICC #: Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: C385816 Reg Type TL Reg State WEST VII Reg Year 1989 Trailer Length 97 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42

DENNIS J O'BRIEN NEWTON POLICE DEPART 05/08/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00